

Housing Authority of the City of Williamson – WV008
PHA 5 Year and Annual Plan – Fiscal Year Beginning 10/2010

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| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 4/30/2011 |
|-----------------------------------|---|--|

| 1.0 | PHA Information PHA Name: <u>The Housing Authority of the City of Williamson (WHA)</u> PHA Code: <u>WV008</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2010</u> | | | | | | | | | | | | |
|------------|--|----------|--------------------------------------|-------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>248</u> Number of HCV units: _____ | | | | | | | | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table> | PH | HCV | PHA 1: | | PHA 2: | | PHA 3: | |
| PH | HCV | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <u>The mission of the WHA is the same as that of the Department of Housing & Urban Development:</u> <u>To promote adequate, affordable housing, economic opportunity and a suitable living environment free from discrimination.</u> | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <u>Quantifiable goals and objectives for the next five years:</u> <u>To improve public housing management, renovate or modernize public housing units; Reduce public housing vacancies; Leverage private or other public funds to create additional housing opportunities.</u> <u>Progress report in previous 5-Yr Plan (2005):</u> *Modernized 16 housing units at Williamson Terrace *Continuing to fill vacancies *Due to funding, no new units or developments have been built *Received & spent new ARRA funding in the amount of \$442,572.00 *Hired new Executive Director (September 2010) *Working to increase our customer satisfaction *Exploring efforts to de-concentrate poverty in public housing *Installed more camera's *Exploring increased self-sufficiency opportunities for housing families *Working to attract supportive services to the elderly & families with disabilities *Changed policies to ensure equal opportunity that is free from discrimination *Fighting to improve PHAS scores | | | | | | | | | | | | |

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| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <p><u>WHA made the following changes:</u> Changed admission policy regarding the familial status.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><u>Location PHA Plan can be viewed:</u> Victoria Court 1612 West 6th Avenue Williamson, WV 25661 and/or Goodman Manor 16 West 4th Avenue Williamson, WV 25661.</p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> <p><u>CFP Improvements:</u> WHA plans to use capital funds for the next 3 years to complete the Williamson Terrace renovation and address moderation needs at the other housing projects for the remaining 2 years.</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>Attached, please find CFP Annual Statements</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>Attached, please find 5 Year Action Plan</p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> |
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>WHA has reviewed the consolidated plan for Mingo County and have made a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by WHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing waiting list.</p> |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p><u>WHA's Strategy:</u> WHA will utilize capital funds to continue the renovations at the Williamson Terrace Complex that will increase an additional 22 affordable housing units.</p> |

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| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>See item 5.2</p> |
| | <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".</p> <p>Changes to rent or admissions policies or organization of the waiting list; Additions of non-emergency work items (items not included in the current Annual Statement or Five Year Action Plan) or change in the use of replacement reserve funds under the Capital Fund; Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</p> <p>(c) Violence Against Women Act (VAWA)</p> <p>WHA currently works with the Tug Valley Recovery Shelter to offer child and/or adult victims of domestic violence, dating violence, sexual assault, or stalking with housing and support services. It is our intent that these services allows the victims to obtain or maintain housing or enhance victim safety in assisted families.</p> |

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| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Attached</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Attached</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Attached</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Attached</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) Attached</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. See Below</p> <p>(g) Challenged Elements No Challenges</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Attached</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attached</p> |
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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|--|--|--|----------------------------|---------------------------|---|
| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2009 | |
| PHA Name: Housing Authority of the City of Williamson | | Capital Fund Program Grant No: WV15P008501-09 | | FFY of Grant Approval: | |
| Date of CFFP: | | Replacement Housing Factor Grant No: | | | |
| Type of Grant | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 - Dec. 23, 2009) | | | |
| <input type="checkbox"/> Summary by Development Account | | <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Revised¹ | Obligated | Total Actual Cost¹ Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 69,927.00 | 80,384.31 | 80,384.31 | 80,384.31 |
| 3 | 1408 Management Improvements | 5,500.00 | 1,598.75 | 1,598.75 | 1,598.75 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | 2,000.00 | 2,000.00 | 2,000.00 | 2,000.00 |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 6,000.00 | 56,604.96 | 56,604.96 | 56,604.96 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 262,046.00 | 205,884.98 | 205,884.98 | 205,884.98 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | 1,000.00 | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

| | | | | | | | |
|---|--|--|-----------------------------|---------------------------|---------------------------------------|-------------------------------|--|
| Part I: Summary | | | | | | | |
| PHA Name: | | Grant Type and Number | | FFY of Grant: 2009 | | FFY of Grant Approval: | |
| Housing Authority of the City of Williamson | | Capital Fund Program Grant No: WV15P008501-09 Replacement Housing Factor Grant No: Date of CFFP: | | | | | |
| Type of Grant | | | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | | | | | |
| Summary by Development Account | | | | | | | |
| Line | | Original | Revised ² | Obligated | Total Actual Cost ¹ | | |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | | | | | | |
| 21 | Amount of line 20 Related to LBP Activities | 346,473.00 | 346,473.00 | 346,473.00 | 346,473.00 | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | | | |
| Signature of Executive Director | | Signature of Public Housing Director | | Date | | Date | |
| <i>James Swain</i> | | | | 11/29/10 | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| Part II: Supporting Pages | | | Grant Type and Number | | | Federal FFY of Grant: 2009 | | |
|---|---|----------------------------|---|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of the City of Williamson | | | Capital Fund Program Grant No: WV15P008501-09 | | | | | |
| | | | CFPP (Yes/ No): No | | | | | |
| | | | Replacement Housing Factor Grant No: | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 8-1 Victoria Court | Upgrade Apartments | 1460 | | 22,546.00 | | | | |
| | Replace interior water lines | 1460 | | 42,000.00 | | | | |
| 8-2 Williamson Terrace | Upgrade Apartments | 1460 | | 144,000.00 | 199,445.00 | 199,445.00 | 199,445.00 | |
| | Sidewalk & Parking Lot | 1450 | | | | | | |
| | Replace Gas Lines | 1450 | | | 37,270.00 | 37,270.00 | 37,270.00 | |
| | | | | | | 14,334.96 | 14,334.96 | |
| | A/C Heat Units | 1460 | | | 6,439.98 | 6,439.98 | 6,439.98 | |
| 8-3 Goodman Manor | Window Cleaning | 1450 | | 6,000.00 | 5,000.00 | 5,000.00 | 5,000.00 | |
| | Window Glass Replacement | 1460 | | 4,000.00 | | | | |
| 8-5 Liberty Heights | HVAC System | 1460 | | 49,500.00 | | | | |
| DW | Operations | 1406 | | 69,927.00 | 80,384.31 | 80,384.31 | 80,384.31 | |
| DW | Staff Training | 1408 | | 4,500.00 | 1,598.75 | 1,598.75 | 1,598.75 | |
| DW | Marketing/Advertising | 1408 | | 1,000.00 | | | | |
| DW | Administration Salaries & Benefits | 1410 | | | | | | |
| DW | CF Audit | 1411 | | 2,000.00 | 2,000.00 | 2,000.00 | 2,000.00 | |
| DW | Office & Grounds Equipment | 1475 | | 1,000.00 | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Action Plan.

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|---|--|---|----------------------------|--------------------------------------|-----------------|
| Part I: Summary | | Grant Type and Number | | FFY of Grant: 2009 | |
| PHA Name: Housing Authority of the City of Williamston | | Capital Fund Program Grant No: CFRG WV15S008501-09 | | FFY of Grant Approval: 2009 | |
| Reserve for Disasters/Emergencies | | Replacement Housing Factor Grant No: | | CFRG | |
| Date of CFFP: | | | | | |
| Type of Grant | | Original | | Total Actual Cost¹ | |
| <input checked="" type="checkbox"/> Original Annual Statement | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | | | |
| <input type="checkbox"/> Summary by Development Account | | | | | |
| | | Revised² | | Obligated | |
| | | Total Estimated Cost | | Expended | |
| Line | Summary by Development Account | Original | Revised² | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 71,204.00 | | 71,204.00 | 71,204.00 |
| 11 | 1465.1 Dwelling Equipment - Nonexpendable | 371,368.00 | | 371,368.00 | 371,368.00 |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHH funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|--|---|---|---|
| Part I: Summary | | FFY of Grant: 2009 FFY of Grant Approval: CFRG 2009 | |
| PHA Name: Housing Authority of the City of Williamson | Grant Type and Number Capital Fund Program Grant No: CFRG WV15S008501-09 Replacement Housing Factor Grant No: Date of CFFP: | | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost Original | Total Actual Cost Revised ² Obligated Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9600 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 442,572.00 | 442,572.00 |
| 21 | Amount of line 20 Related to LBP Activities | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director <i>Laura Swain</i> | | Signature of Public Housing Director | |
| Date 11/29/10 | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Expires 4/30/2011

| Part II: Supporting Pages | | | | | | | |
|---|---|----------------------------|---|----------------------|---------------------------------|---------------------------------|--------------------------------|
| PHA Name: Housing Authority of the City of Williamson | | | Grant Type and Number Capital Fund Program Grant No: CFRG WV15S008501-09 CFPP (Yes/ No): No Replacement Housing Factor Grant No: | | Federal FFY of Grant: CFRG 2009 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² |
| 8-2 Williamson Terrace | INTERIOR: | | | | | | |
| | Remodel Apt. including strip & replace | 1460 | 8 | 280,000.00 | | 280,000.00 | 280,000.00 |
| | Interior drywall, | | | | | | |
| | Refurbish stair treads, | | | | | | |
| | Replace kitchen cabinets (as needed), | | | | | | |
| | Replace tile in kitchen & bathrooms, | | | | | | |
| | Replace interior & exterior doors, | | | | | | |
| | Replace windows, | | | | | | |
| | Install Carpet in LR & BR's \$800 per unit | 1460 | 8 | 6,400.00 | | 6,400.00 | 6,400.00 |
| | Upgrade HVAC Units \$6,371 per unit | 1460 | 8 | 50,968.00 | | 50,968.00 | 50,968.00 |
| | EXTERIOR: | | | | | | |
| | Roof replacement per building (5 total), | 1460 | 1 | 25,000.00 | | 25,000.00 | 25,000.00 |
| | Replace Awnings (49 total) | 1460 | 9 | 9,000.00 | | 9,000.00 | 9,000.00 |
| | SITE: | | | | | | |
| | Landscape & Fencing Improvements | 1450 | 1 | 21,000.00 | | 21,000.00 | 21,000.00 |
| | Parking lot behind bldgs 2-5 (4 total) | 1450 | 4 | 50,204.00 | | 50,204.00 | 50,204.00 |
| | | | | | | | |
| | TOTAL | | | 442,572.00 | | 442,572.00 | 442,572.00 |

1 To be completed for the Performance Report

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

UNITED STATES. HOUSE OF REPRESENTATIVES. COMMITTEE ON THE CITY OF WASHINGTON

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|--|--|--|------------------|--|--|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: WV15P008501-10 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2010 FFY of Grant Approval: | |
| PHA Name: Housing Authority of the City of Williamson | | | | | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Summary by Development Account | | Total Estimated Cost | | Total Actual Cost¹ | |
| Line | Original | Revised² | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 69,490.00 | | | |
| 3 | 1408 Management Improvements | 6,000.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 17,374.00 | | | |
| 5 | 1411 Audit | 2,000.00 | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 17,000.00 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 233,590.00 | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | 2,000.00 | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|--|--|---|--------------------------------------|
| Part I: Summary | | FFY of Grant: 2010 | |
| PHA Name: Housing Authority of the City of Williamson | Grant Type and Number Capital Fund Program Grant No: WV15P008501-10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Type of Grant | <input type="checkbox"/> Reserve for Disasters/Emergencies | | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost¹ |
| | | Original | Revised² |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 347,454.00 | |
| 21 | Amount of line 20 Related to LBP Activities | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director | | Signature of Public Housing Director | |
| <i>Laura Swan</i> | | <i>11/29/10</i> | |
| Date | | Date | |
| | | | |
| | | Expended | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| Part II: Supporting Pages | | | Federal FFY of Grant: 2010 | | | | | |
|---|---|---|----------------------------|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of the City of Williamson | | Grant Type and Number Capital Fund Program Grant No: WV15P008501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| 8-1 Victoria Court | Remove rotten trees @ \$500 each | 1450 | 5 | 2,500.00 | | | | |
| | Repair pole lights @ \$50 each | 1450 | 18 | 1,000.00 | | | | |
| | Playground repair & mulch | 1450 | | 1,500.00 | | | | |
| 8-2 Williamson Terrace | Install HVAC Units @ \$2,715 each | 1460 | 10 | 27,150.00 | | | | |
| | Upgrade Apartments | 1460 | | 200,440.00 | | | | |
| | Sidewalks on building #3 | 1450 | | 5,000.00 | | | | |
| | Playground Mulch | 1450 | | 1,000.00 | | | | |
| 8-3 Goodman Manor | Window Cleaning | 1460 | | 6,000.00 | | | | |
| 8-5 Liberty Heights | Playground Mulch | 1450 | | 1,000.00 | | | | |
| DW | Pave Parking Area, apt#1 thru #6 | 1450 | | 5,000.00 | | | | |
| DW | Operations | 1406 | | 69,490.00 | | | | |
| DW | Staff Training | 1408 | | 5,000.00 | | | | |
| DW | Marketing/Advertising | 1408 | | 1,000.00 | | | | |
| DW | Administration Salaries & Benefits | 1410 | | 17,374.00 | | | | |
| DW | CF Audit | 1411 | | 2,000.00 | | | | |
| DW | Office Equipment | 1475 | | 2,000.00 | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

| PHA Name/Number : Housing Authority of the City of Williamson / WV008 | | Locality (City/county & State) Williamson/Mingo/WV | | Original 5-Year Plan | Revision No: | |
|---|---|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| A | Development Number and Name: Williamson Housing Authority | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | Work Statement for Year 3 FFY 2012 | Work Statement for Year 4 FFY 2013 | Work Statement for Year 5 FFY 2014 |
| | | Annual Statement | | | | |
| 8-1 | Victoria Court | | 30,000.00 | | | |
| 8-2 | Williamson Terrace | | 120,938.00 | | 30,000.00 | 30,000.00 |
| 8-3 | Goodman Manor | | 67,200.00 | | 120,938.00 | 120,938.00 |
| 8-5 | Liberty Heights | | 49,500.00 | | 67,200.00 | 67,200.00 |
| dw | | | 82,000.00 | | 49,500.00 | 49,500.00 |
| | | | | | 82,000.00 | 82,000.00 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | TOTAL | | \$349,638.00 | | \$349,638.00 | \$349,638.00 |

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Work Statement for Year: 2

[illegible]

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

Work Statement for

| Development Number/Name | General Description of | Quantity |
|-------------------------|------------------------|----------|
|-------------------------|------------------------|----------|

[illegible]

Records

Obituaries

R.S. Jones & Son
Funeral Home, Inc.
 Ray S. Jones, Owner
 Robin Fannin
 Phelps, Ky. (606) 458-0856

ROGERS
FUNERAL HOME
 Belfry, Ky. 353-7212
 Mike Hall & Jiffi Caines - Directors

a special singing and prayer service Tuesday at 7 p.m. and a preaching service Wednesday at 7 p.m. Online condolences can be made at www.rogersfuneralhome.com. R. E. Rogers Funeral Home of Belfry is in charge of arrangements.

Pauline
Loudermilk

Pauline Dotson Loudermilk, 76 of Kimper, Ky., died Saturday, Oct. 2, 2010.

She was born Sept. 19, 1934 in Pike County, Ky., the daughter of the late Butler and Martha Ratliff Dotson.

Funeral services will be held Friday, Oct. 8 at the R.S. Jones & Son Funeral Home with Mike Smith officiating. Burial will follow in the Dotson Cemetery at Phelps, Ky.

Visitation will be held after 6 p.m. Wednesday at the funeral home.

George "G.C."
Reed

George Calvin "G. C." Reed, 85 of Turkey Creek, Ky., passed away Monday, October 4, 2010 at the Appalachian Regional Hospital.

He was born April 8, 1925 at Canada, Ky. the son of the late Ken and Elzie Curry Reed. He was also preceded in death by one son, Reed.



Reed

CHAFIN FUNERAL
HOME INC.
 Steve Cook & Steven Cook, Directors
 Delbarton, WV 475-2071

Mary Shelton

Mary E. Shelton, 53, of Duncan Fork, passed away October 3, 2010 after a long battle with breast cancer and a broken heart. She was born Sept. 3,

City Housing Authority sets public hearing

By Charlotte Sanders
 SENIOR WRITER

The Housing Authority of the City of Williamson has set a public hearing for Nov. 22 in connection with its Agency Plan developed in compliance with the Quality Housing and Work Responsibility Act of 1998.

WHA Executive Director Launa Swain said the hearing will be held at 4:30 p.m. on the above date at the Housing Authority's offices located at 1612 W. 6th Ave., West Williamson. This is behind the Victoria Court housing complex. The public is invited to attend this meeting.

Swain said the WHA recently developed its five-year and annual Agency Plan, which is available for review at its offices. Office hours are 8 a.m. to 4 p.m., Monday through Friday.

Ratliff, causing a loss in excess of \$1,000, all on March 13, 2010. Varney is now being charged as a Persistent Felony Offender, second degree, for being previously convicted for various offenses which netted him a 10-year sentence.

Jury

CONTINUED FROM 1A

Reynolds' other charges include operating a motor vehicle while under the influence of alcohol.

**WILLIAMSON HOUSING AUTHORITY
RESIDENT ADVISORY BOARD (RAB)
EFFECTIVE 10/01/10**

Goodman Manor

Susan Courtney
Greg Hensley
Carol Lowe
Bill Milum
Audra Reed
Violet Trivett

Liberty Heights

Patricia Lovett

Victoria Court

Joyce Johnson

Williamson Terrace

Tessa Campanella

WILLIAMSON HOUSING AUTHORITY
RESIDENT ADVISORY BOARD/PUBLIC MEETING ABOUT PHA ANNUAL & 5
YEAR PLAN
AT THE MAIN OFFICE 1612 WEST 6TH AVENUE
MONDAY, NOVEMBER 22, 2010
4:30 P.M.

DATE & ATTENDANCE

The Williamson Housing Authority held a RAB Meeting and Public Meeting at 4:30 p.m. at the Williamson Housing Authority's main office on Monday, November 22, 2010 with Executive Director Launa Swain presiding. Other employee present was Tina McCoy. Board Members Machel McCormick and Judy Hamrick were both present.

RAB Members present were Susan Courtney, Violet Trivett, Bill Milum, Greg Hensley, and Carol Lowe all residents of Goodman Manor. Absent RAB Members were Audra Reed (Goodman Manor), Patricia Lovett (Liberty Heights), Joyce Johnson (Victoria Court), and Tessa Campanella (Williamson Terrace).

Guest present was James Jude who is also a tenant at Goodman Manor.

INTRODUCTION

Director Swain introduced the meeting by explaining the purpose of the meeting. She stated that the public and RAB Board had 45 days to review the Housing Authorities PHA 5 Year and Annual Plan and we were now accepting recommendations and comments about the plan. She asked if anyone had reviewed the plan other than the Board Members and Staff and no one present in the room had. She then proceeded to discuss some of the items contained in the plan such as: the progress report, the change in admission policy concerning familial status, the basic plans for the capital fund program over the next five years, reviewed the 2009 and 2009 stimulus capital fund grants and where all those funds had been spent, as well as the plans for the 2010 capital funds.

QUESTIONS/COMMENTS

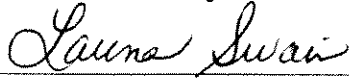
Director Swain then asked if anyone had any questions, comments or recommendations about the PHA Plan. The recommendations were as follows:

- 1) New furniture in lounges and balconies at Goodman Manor.
- 2) The possibility of designating an area for tenant storage at Goodman Manor.
- 3) Thermostat control for public areas at Goodman Manor.
- 4) Insulation around doors and windows in common areas at Goodman Manor.
- 5) Increase seating in lobby for tenants waiting on rides at Goodman Manor.
One tenant stated that there were extra chairs on the 8th floor of Goodman Manor that could be moved to lobby.
- 6) Quality tile and baseboards in elevators at Goodman Manor.
- 7) One RAB Member who could not attend the meeting called after the meeting and stated that she did not want additional furniture in main entrance lobby because it made it hard for people with mobility issues to maneuver around all the furniture.

Director Swain then stated that these issues would be considered when we receive our 2011 capital funds. However, there are a list of capital improvement items that are needed for all sites, not just Goodman Manor, and that all of them would be prioritized to determine the feasibility of completing these recommendations. She stated that the majority of funding at this point is being used to increase units and house those applicants on our waiting list. Swain also mentioned that we were going to work with HUD to keep Goodman Manor a building designated as being used to house the elderly/disabled only and that they would have a site based waiting list for that property.

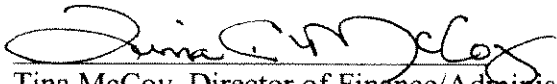
ADJOURNMENT

With no further business, Director Swain voiced her appreciation of their attendance and adjourned the meeting at 5:20 PM.



Launa Swain, Executive Director

ATTESTED BY:



Tina McCoy, Director of Finance/Administration

SEAL

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ☒ 5-Year and/or ☒ Annual PHA Plan for the PHA fiscal year beginning 10/1/10, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City of Williamson
PHA Name

WV008
PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20 10 - 20 14

☒ Annual PHA Plan for Fiscal Years 20 10 - 20 11

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

| | |
|---------------------------------|---|
| Name of Authorized Official | Title |
| <u>Jacqueline Branch, Chair</u> | <u>Chairman of Board of Commissioners</u> |
| Signature | Date |
| <u>Jacqueline Branch</u> | <u>11/29/10</u> |

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Housing Authority of the City of Williamson

Program/Activity Receiving Federal Grant Funding

Public Housing

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above; Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Launa Swain

Title

Executive Director

Signature

x *Launa Swain*

Date

11/29/2010

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Housing Authority of the City of Williamson

Program/Activity Receiving Federal Grant Funding

Public Housing

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Launa Swain

Title

Executive Director

Signature



Date (mm/dd/yyyy)

11/29/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | | | | |
|--|--|---|---|--|--|
| 1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ | |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 3rd | | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: | | |
| 6. Federal Department/Agency: US Department of Housing and Urban Development | | | 7. Federal Program Name/Description: Capital Fund Program (CFP) CFDA Number, if applicable: _____ | | |
| 8. Federal Action Number, if known: | | | 9. Award Amount, if known: \$ | | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): | | | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): | | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | | | Signature: <u>Launa Swain</u> Print Name: <u>Launa Swain</u> Title: <u>Executive Director</u> Telephone No.: <u>304-235-3270 ext. 15</u> Date: <u>12-06-10</u> | | |
| Federal Use Only: | | | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |